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PTO/SB/81 (02-01)

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Kirkconnell
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	PD-03W067

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
John E. Gunther	43,649
Glenn H. Lenzen, Jr.	29,320
Leonard A. Alkov	30,021
William C. Schubert	30.102

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☒ Firm or  
Individual Name

John E. Gunther

Address Raytheon Company

Address P.O. Box 902 (E1/E150)

City El Segundo State CA Zip 90245-0902

Country USA

Telephone 310.647.3214 Fax 310.647.2616

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name John E. Gunther

Signature 

Date 01/22/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

Σ \*Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PD-03W067

First Named Inventor Kirkconnell

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Cryocooler With Ambient Temperature Surge Volume

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.


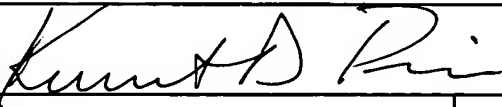
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
	USA		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<del>23015</del>		OR <input checked="" type="checkbox"/>	Correspondence address below	
Name <b>Leonard A. Alkov, Esq.</b>							
Address <b>Raytheon Company</b> <b>P.O. Box 902 (E4/N119)</b>							
City <b>El Segundo</b>				State <b>CA</b>		ZIP <b>90245-0902</b>	
Country <b>USA</b>			Telephone <b>310.647.2577</b>			Fax <b>310.647.2616</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Carl S.</b>				Family Name or Surname <b>Kirkconnell</b>			
Inventor's Signature 						Date <b>1/13/04</b>	
Residence: City <b>Huntington Beach</b>		State <b>CA</b>		Country <b>USA</b>		Citizenship <b>USA</b>	
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City <b>Huntington Beach</b>		State <b>CA</b>		ZIP <b>92648</b>		Country <b>USA</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) <b>Kenneth D.</b>				Family Name or Surname <b>Price</b>			
Inventor's Signature 						Date <b>1/22/04</b>	
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<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="checkbox"/>		OR <input checked="" type="checkbox"/>	Correspondence address below	
<b>Name</b> Leonard A. Alkov, Esq.							
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<b>City</b> El Segundo				<b>State</b> CA		<b>ZIP</b> 90245-0902	
<b>Country</b> USA			<b>Telephone</b> 310.647.2577			<b>Fax</b> 310.647.2616	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
<b>NAME OF SOLE OR FIRST INVENTOR :</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> (first and middle [if any]) Michael C.				<b>Family Name</b> or Surname Barr			
<b>Inventor's Signature</b> <i>Michael C Barr</i>						<b>Date</b> 1-22-04	
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<b>Given Name</b> (first and middle [if any]) Anthony T.				<b>Family Name</b> or Surname Finch			
<b>Inventor's Signature</b> <i>A. Finch</i>						<b>Date</b> 1/22/04	
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<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							